# STATE HOSPITAL OVERUSE AND LACK OF COMMUNITY SERVICES

**An Overview of Studies, Recommendations, and Actions (2010-Present)** 

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## **OUR RESEARCH**

#### **The Clinic's Charge**

The Director of the BHC asked us to review and summarize the last 12 years of reports across different agencies, working groups, and task forces.

#### **Methodology**

- Reviewed and summarized 53
  products, including 22 annual
  reports, 12 workgroup reports, 9
  legislative efforts, and various
  strategic recommendations
- Identified 3 broad areas of concern and recurring issues throughout





## **Over-reliance on State Hospitals**

- TDOs
- Slow patient discharge process
- Staffing and safety

## **Lack of Community Services**

- Inadequate care continuum
- Inadequate pre-intake alternatives
- Lack of specialized resources

## **OVER-RELIANCE: AN OVERVIEW**

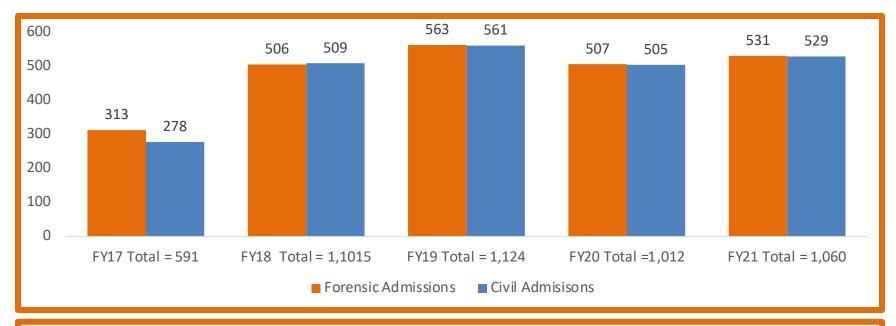
- "Virginia...operates nine state hospitals, the majority of which are structurally and operationally outdated and require significant capital investment each year to maintain."
  - VA state hospitals are operating at a 98 percent utilization rate or above<sup>2</sup>
- National Numbers: 23% of budget on inpatient care; VA Numbers: 50% of budget on inpatient care
- Average daily hospital admissions increased significantly from FY15 20.
- Forensic admissions\*
- Workforce concerns and high census safety concerns<sup>3</sup>



<sup>&</sup>lt;sup>1-2</sup> DBHDS, "Annual Report on the Implementation of Senate Bill 260 (2014)", (June 2021)

<sup>&</sup>lt;sup>3</sup> DBHDA, "Strategies to Reduce the State Hospital Census," (2020)

## **EASTERN STATE ADMISSION COMPOSITION**



Source: EDCOT Workgroup on Forensic Admissions in Virginia, January 2022.



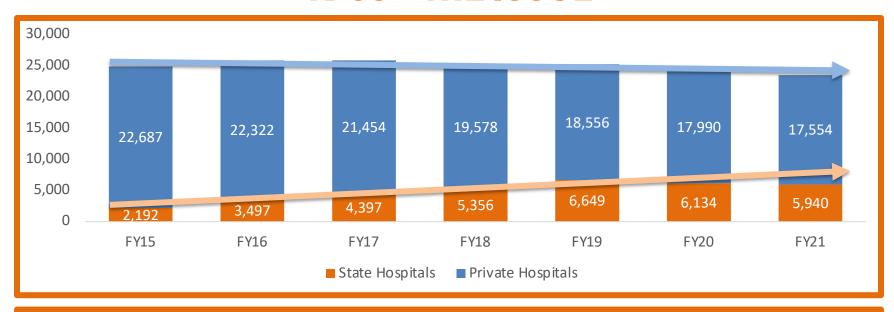
## **TDOs - THE ISSUE**

- Average daily face-to-face evaluations by emergency services for involuntary hospitalizations has decreased steadily and slightly since 2016
- Although daily number of TDOs issued remained stable between FY15 and FY21, average daily TDO admissions to the hospital increased by 389% between FY13 and FY19
  - FY13 an average of 4.7 TDO admissions daily; FY21 an average of 17.2 TDO admissions daily
- Percentage of TDO patients increased from 17% in FY17 to 25% in FY21
  - For children: 34% increase, mainly from TDOs

Source: DBHDS, Annual Report on the Implementation of Senate Bill 260 (2014), June 2021.



## **TDOs - THE ISSUE**



Source: Report on Item 321 N4 of the 2021 Appropriations Act. <a href="https://rga.lis.virginia.gov/Published/2021/RD801/PDF">https://rga.lis.virginia.gov/Published/2021/RD801/PDF</a>. Report on the Implementation of Senate Bill 1488 (2019) and Item 310 CC.I. of the 2019 Appropriations Act https://rga.lis.virginia.gov/Published/2019/RD587/PDF



## **TDOs - RECOMMENDATIONS**

	In Progress	Completed	Action Remaining
Partnerships with private hospitals	<b>~</b>		
Close civil TDO admission		<b>~</b>	
New "bed footprint"			<b>~</b>
Expand who can conduct evaluations			<b>~</b>
Better real-time data on bed availability			<b>~</b>
Request medical TDO			<b>~</b>

## PRIVATE HOSPITAL PARTNERSHIPS – IN PROGRESS

- By the numbers
  - Fellowship CSU (810K, ended June 2021)
  - CSB CSU Diversion (48K, serving 8)
  - Williamsburg Pavilion (500K, serving 95)
  - Gateway Homes transitional group homes (4.2M, 153)
  - 3 CSB-run ALFs (4.4M, 156)
  - Jewish Family services (600K, 133)
  - Western Tidewater CSB for dementia care (1.6M, still developing)
  - Carilion Comp. Psychiatric emergency program pilot (2.5M, still developing)
- LIPOS --> Local Inpatient Purchase of Service



## **TEMPORARILY CLOSE CIVIL TDOs – COMPLETED**

When: July 9, 2021

Who: DBHDS

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What: DBHDS ordered 5 out of 8 adult state hospitals to close civil TDO admission

Why: Reduce capacity and build staff

(Capacity and staff issues explored in "High Census" slides)

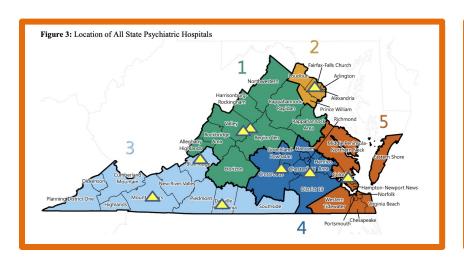


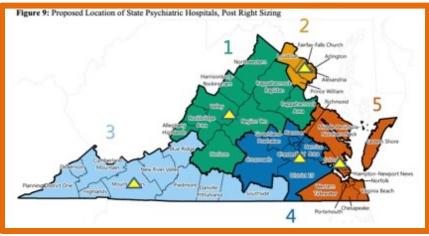
## **TDOs – ACTION REMAINING**

- Expand who can conduct evaluations to reduce load on CPSC professionals (TDO Evaluator Workgroup)
- Better data on bed availability because current system is inefficient (Bed Registry Workgroup)
- Develop a procedure to request medical TDOs (Medical TDO Workgroup)
- Reconfigure state hospitals to create a "200 300 bed footprint"



## **NEW BED FOOTPRINT - NOT STARTED**





Source: Report on Item 310 CC.2. Of the 2019 Appropriations Act (2019)





## **Over-reliance on State Hospitals**

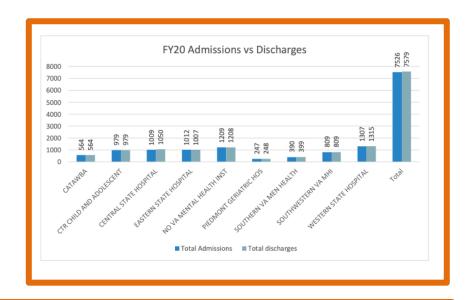
- TDOs
- Slow patient discharge process
- Staffing and safety

## **Lack of Community Services**

- Inadequate care continuum
- Inadequate pre-intake alternatives
- Lack of specialized resources

## PATIENT DISCHARGE PLANNING - THE ISSUE

state facilities are "treading water" in regards to their census levels 99



Source: Report on the State Hospital Discharge Process, 2022



## PATIENT DISCHARGE PLANNING - THE ISSUE

- Discharges have outpaced admissions at all Virginia state hospitals by a very small margin, with many patients having lengths of stay of 30 days or more
- Challenges with stepdown/discharge for dementia/TBI patients due to high need
- "The Revolving Door" problem



## PATIENT DISCHARGE PLANNING - THE SOLUTIONS

	Action Taken	Action Remaining
Pilot state hospital program		<b>✓</b>
Expand responsibilities		<b>✓</b>
Expand specialized services		<b>✓</b>



## PILOT DISCHARGE PLANNING - ACTION REMAINING

- (DBHDS) Pilot state hospital plan for short-term, civil, acute care admissions
- (DBHDS) Expand discharge planning capacity to improve lack of consistency in the discharge planning process
- (DBHDS) Expand specialized services to support patient re-integration into the community





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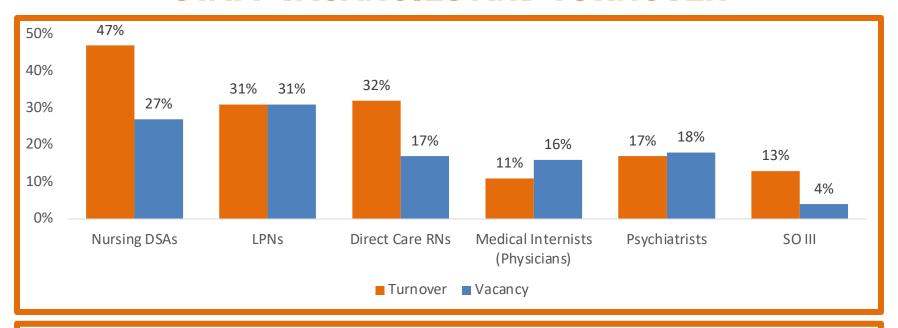
## **SAFETY AND STAFFING - THE ISSUE**

- Turnover and vacancies
- Current staff is operating above capacity
- Safety concern: although serious issues are trending downwards there is still a concern
  - Special Populations
    - Children (18.67% of beds are unstaffed)
    - Older Adults
    - Incarcerated Adults

Source: DBHDS, Annual Report on the Implementation of Senate Bill 260 (2014), June 2021.



## STAFF VACANCIES AND TURNOVER



Source: DBHDS, Annual Report on the Implementation of Senate Bill 260 (2014), June 2021.



## **ILLUSTRATION OF STAFFING CAPACITY**



Staffing vacancies are well over 20% and up to 52% in facilities across the Commonwealth.



	CCCA	СН	CSH	ESH	номс	NVMHI	PGH	SEVTC	SVMHI	SWVMHI	VCBR	WSH
Direct Care (DSAs, LPNs, RNs)	20%	30%	11%	37%	34%	6%	27%	13%	19%	8%	11%	30%
Providers (internists, psychiatrist)	8%	32%	7%	52%	4%	8%	10%	0%	11%	8%	9%	25%

Source: Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century, "The State Hospital Census and DBHDS Key 2021 Initiatives," April 20, 2021



## **SAFETY AND STAFFING - RECOMMENDATIONS**

- Bonuses for Direct Care Staff at Behavioral Health Hospitals and Training Centers
  - 2021 Special Session
  - FY22: \$45 million for bonuses to direct care staff
  - FY23: Governor's intention to fund \$76.9 million for salary adjustments
- Expand pilot programs for individuals with dementia who are ready for discharge and need nursing care
  - ARPA funds
  - FY22: \$1.65 million
  - FY23: Governor's intention to fund \$1.65 million
- \$5M in ARPA funds for permanent supportive housing in Northern Virginia to assist with bed crisis at state facilities





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## **INADEQUATE CONTINUUM - THE ISSUE**

- CSBs are envisioned as the primary source of mental health services, working as the single point-of-access and providing care across the continuum of need. However, their role in practice is increasingly limited and reactionary.
- Inadequate community resources slow discharge from state hospitals—in FY18, a monthly average of 12% of all patients were ready for discharge but delayed due to inadequate community resources
- Not all CSBs offer a full range of treatments



Virginia's overall behavioral health system remains underfunded and patched together... The best long-term solution to psychiatric crises is strengthening the community-based system of mental health care.

Statewide TDO Taskforce

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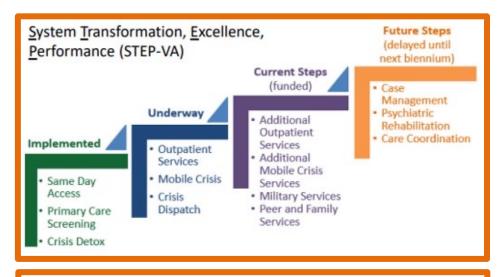
## **INADEQUATE CONTINUUM – RECOMMENDATIONS**

	In Progress	Completed	Action Remaining
Enable same day access		<b>~</b>	
Strengthen remote services/telepsychiatry	<b>~</b>		
Expand alt. crisis services	<b>~</b>		
Standardize services	<b>~</b>		
Increase funding to fill shortfalls	<b>✓</b>		
Improve coordination between behavioral health and justice			<b>✓</b>



## **INADEQUATE CONTINUUM – ACTION TAKEN**

- STEP-VA (2017 Present)
- BRAVO for Medicaid
- Additional funding infusions for CSB-led private hospital partnerships



Source: <a href="https://dbhds.virginia.gov/developmental-services/step-va/">https://dbhds.virginia.gov/developmental-services/step-va/</a>



## **INADEQUATE CONTINUUM – ACTION REMAINING**

- Final steps of STEP-VA, including key features of coordinate care, case management, and psychiatric rehabilitation
  - Scaling up existing steps, such as outpatient services and mobile crisis
- Unification of community behavioral health, law enforcement, and emergency services
- Continued disparities in types and quality of services available





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## **PRE-INTAKE ALTERNATIVES – THE ISSUE**

- Most solutions and funding focus on alleviating census at the end of the process, through discharges
  - Discharge assistance and inpatient purchase of services funding more than triple crisis stabilization funding (\$49.5M v. \$14.9M in FY19)
- Alternate CSB led treatment models can divert individuals for treatment without hospital admission
- Ideal community services engage mental health issues prior to crisis



Source: <a href="https://rga.lis.virginia.gov/Published/2019/RD587/PDF">https://rga.lis.virginia.gov/Published/2019/RD587/PDF</a>



## PRE-INTAKE ALTERNATIVES - RECOMMENDATIONS

	In Progress	Completed	Action Remaining
Mobile crisis response	<b>~</b>		
Alternate crisis centers	<b>~</b>		
Transition to continuum of care best practices	<b>~</b>		
Crisis co-responding	<b>~</b>		
Alternative process for intoxicated individuals			<b>✓</b>



## PRE-INTAKE ALTERNATIVES – ACTION TAKEN

- Since 2013, 42 CITAC sites have been launched
- Expanding regional Crisis Receiving Centers
- Initial funding for mobile crisis units (\$16.9M) and crisis line (\$9.6M) from FY20-22
- Marcus Alert available in 5 locations; remaining in 2026

	State ARPA funds	CAA & ARPA Supplemental BG	TOTAL
	\$10.0M Total		
Mobile Crisis Teams	\$6.5 million	N/A	\$6.5 million
Crisis Receiving Centers	\$3.5 million	\$7 million	\$10.5 million

#### Source:

https://studiesvirginiageneralassembly.s3.amazonaws.com/meeting\_docs/documents/000/0\_01/190/original/Presentation\_VADBHDS.pdf?1632278473



## PRE-INTAKE ALTERNATIVES – ACTION REMAINING

- Full implementation of a continuum of care approach, including supporting therapy techniques
  - STEP-VAs final phases aim to accomplish this
- Expand scale of existing programs and pilots
- Alternatives for intoxicated individuals





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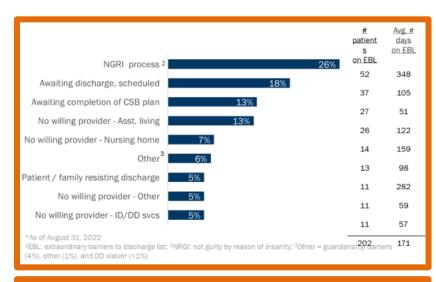
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## **SPECIALIZED RESOURCES - THE ISSUE**

- Inadequate CSB resources are especially acute for populations needing specialty care
- Though the elderly account for a large percentage of individuals seen through emergency services, with increasing referral rates, CSBs serve relatively few
- Poor capacity for those with highly acute needs
- With only one state hospital for children, youth with behavioral health concerns are especially dependent on community health solutions



Source: BHC Key Metrics Presentation, September 2022



## **SPECIALIZED RESOURCES - RECOMMENDATIONS**

	In Progress	Completed	Action Remaining
Funding for supportive housing	<b>/</b>		
Invest in data, education, and outreach for elderly			<b>~</b>
Transition to continuum of care best practices	<b>~</b>		



## **SPECIALIZED RESOURCES – ACTION TAKEN**

- Expanded ALF partnerships
  - 3 CSB-run ALFs (\$4.4M, 156 beds)
  - Western Tidewater CSB for dementia care (1.6M, still developing)
- Partnered with Department of Aging and Rehab Services (DARS) to provide public guardians for those needing at discharge
- New LIPOS contracts with Williamsburg Pavilion (\$297k for 65 bed-days for adult/geriatric) and UHS (130k for 50 bed-days for children)



## **SPECIALIZED RESOURCES – ACTION REMAINING**

- Invest in data, education, and outreach to better reach elderly and other special populations before they enter crisis
- Full implementation of a comprehensive continuum of services
  - Partial hospital and intensive outpatient services (PHP/IOP)
  - Programs of assertive community treatment (PACT)

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Multi-systemic therapy (PST) and Functional family therapy (FFT)



	Over-reliance	e on Inpatie	Lack of Community Services				
	TDO Admissions	Discharge Planning	Staffing and Safety	Lack of Continuum	Pre-intake Support	Specialized Resources	
Private hospital partnerships	X	X	X			X	
Specialized facilities		X				X	
Better data practices		X				X	
Alt. crisis response	X		X		X		
Continuum of community care	X	X	X	X	X	X	
Alt. intake for intoxicated individuals	X			X			

